

Accreditation Requirements for Medicare Providers of Advanced Diagnostic Imaging Services

THE LAW

The Medicare Improvements for Patients and Providers Act (MIPPA) of 2008 requires providers of advanced diagnostic imaging services -- **defined as diagnostic magnetic resonance, computed tomography, nuclear medicine and positron emission tomography services** -- to become accredited effective January 1, 2012, as a condition of reimbursement for the technical component (TC) of diagnostic imaging services provided to Medicare beneficiaries. This provision applies to providers paid under the Medicare Physician Fee Schedule but not to providers paid under inpatient or outpatient payment systems. Fluoroscopy, X-ray, and ultrasound are excluded from the accreditation requirement.

DESIGNATED ACCREDITING ORGANIZATIONS

Through the 2010 Final Medicare Physician Fee Schedule, published by the Centers for Medicare and Medicaid Services (CMS) on October 30, 2009, CMS set forth criteria for designating organizations to accredit suppliers of advanced diagnostic imaging services. In late January 2010, CMS announced that it chose the American College of Radiology, Intersocietal Accreditation Commission, and The Joint Commission as designated accrediting organizations.

WHAT YOU NEED TO DO

If you are a Medicare provider of advanced diagnostic imaging services, it is very important that you select one of the designated accrediting organizations and begin the laboratory accreditation process now. It will take time to navigate the process and complete the requirements. In order to ensure that your facility is compliant by January 1, 2012, start today!

